

# FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number		10/769,551
Filing Date		January 30, 2004
First Named Inventor		Russell Steel
Examiner Name		Kiley Stoner
Art Unit		3742
Attorney Docket No.		2562.SMII.NP

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	450
-------------------------	------	-----

## METHOD OF PAYMENT (check all that apply)

☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account
 Deposit Account Number: 50-0881
 Deposit Account Name: Morriss O'Bryant Compagni, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3, or for Reissues, each independent claim more than in the original patent	200	100
Multiple Dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
				Small Entity
-20 or HP=	X	:		Fee (\$)

HP= highest number of totals claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	X	:	

HP= highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

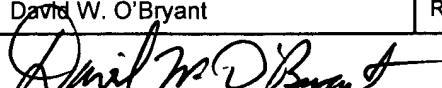
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35. U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100=	/50=	(round up to a whole number) x		

## 4. OTHER FEE(S)

Other:	Fees Paid (\$)
Extension of Time petition (2 mos)	\$450
Other:	

## SUBMITTED BY

Name (Print/Type)	David W. O'Bryant	Registration No.	38,793	Telephone	(801) 478-0071
Signature				Date	9/22/05

## 2562.SMIL.NP

Filed January 30, 2004

Art Unit 3742

Examiner **Kiley Stoner**

The requested extension and fee are as follows (check time period desired and enter appropriate fee below):

		<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>450</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/>	Five Month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Directory is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0881. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

09/27/2005 SDENBOB1 00000038 10769551

☐ assignee of record of the entire interest. See 37 CFR 3.71.

01 FC:1252

**450.00 GP**

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 39,793

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**Signature**

Date \_\_\_\_\_

**David W. O'Bryant**

**(801) 478-0071**

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.